

**BIRTHS**

New Hampshire Department of State  
Division of Vital Records Administration  
29 Hazen Drive  
Concord New Hampshire 03301

**OFFICIAL USE ONLY:**

NUMBER

REQUESTED

ISSUED

**APPLICATION FOR COPY OF BIRTH CERTIFICATE***PLEASE PRINT*

Name of  
Registrant  
At Birth:

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

Date  
At Birth:

(MONTH) (DAY) (YEAR)

Place  
of Birth:

(CITY/TOWN)

Father's  
Name:

(FIRST)

(LAST)

Mother's  
Maiden Name:

(FIRST)

(LAST)

PURPOSE OF WHICH CERTIFICATE IS REQUESTED: \_\_\_\_\_

YOUR

SIGNATURE: \_\_\_\_\_

YOUR RELATIONSHIP

TO REGISTRANT: \_\_\_\_\_

**THE LAW FOR THE SEARCH OF THE FILE REQUIRES A FEE OF TWELVE DOLLARS FOR ANY ONE RECORD. IF WE FIND THAT RECORD AND YOU MEET NEW HAMPSHIRE'S ACCESS REQUIRMENTS, YOU WILL BE ISSUED ONE CERTIFIED COPY OF THAT CERTIFICATE. ISSUANCE OF A BIRTH WALLET CARD WILL REQUIRE AN ADDITIONAL \$.50**

**Number (and type) of Certified copies requested (please enter quantity of each document):**

Long Form: \_\_\_\_\_ (First copy issued at \$12; each additional copy will be issued for \$8)

Laminated Birth Card: \_\_\_\_\_ (\$12.50)

**The Certificate(s) will be mailed to the following address:****PLEASE PRINT**

Name

Of Applicant: \_\_\_\_\_

(FIRST)

(MIDDLE)

(LAST)

Address

Of Applicant: \_\_\_\_\_

(STREET)

(CITY/TOWN)

(STATE)

(ZIP CODE)

Applicant

Phone No.: \_\_\_\_\_

(AREA CODE &amp; NUMBER)

**NOTICE:**

Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)